

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 15 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

35988

State File No.

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital 0
(If not in hospital or institution, write street number or location) 17X.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Sebina Humbrock3. (b) If veteran, no name war..... 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben. T. 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Sept. 27 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 9 hr. min.9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name Joe Schnieder 4
Germany
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Louise Stark
Germany
(City, town, or county) (State or foreign country)15. Birthplace Ben. T. Humbrock
Jefferson City, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Burial (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Riverview Cemetery18. (a) Signature of funeral director Victor Bruschke
(b) Address Jefferson City, Mo.19. (a) 12-7-48 (b) R.P. Davis, MD
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Jefferson St. 4
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 48 hour 4:00 minute 0 P. M.21. I hereby certify that I attended the deceased from October
5, 19 48 to 12-6, 19 48
that I last saw him alive on 12-6, 19 48
and that death occurred on the date and hour stated above.Immediate cause of death hypertensive
cardiac rupture
dissecting aortic aneurysm
Duration yearDue to.....
Due to.....Other conditions Fracture
(Include pregnancy within 3 months of death) 6 wksMajor findings: pericardial effusion
Of operations.....Of autopsy 1860
1860

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 5, 1948
(c) Where did injury occur? Jefferson City, Cole Co
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)

While at work? Yes (e) Means of injury fall23. Signature Dean C. Taylor (M. D. or other) MD
address Jefferson City Date signed 12-7-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Taylor

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed ~~DEC 14 1948~~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____
working under my personal supervision.

Signed Victor Buecher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.